

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH TECHNOLOGY APPRAISAL PROGRAMME

Equality impact assessment – Guidance development

STA of azacitidine for myelodysplastic syndromes, chronic myelomonocytic leukaemia and acute myeloid leukaemia

The impact on equality has been assessed during this appraisal according to the principles of the NICE Equality scheme.

Consultation

1. Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

There were no equalities issues raised during consultation on the draft scope

2. Have any other potential equality issues been raised in the submissions, expert statements or academic report, and, if so, how has the Committee addressed these?

No equalities issues were raised in the submissions, expert statements or academic report.

3. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed these?

The Committee noted that azacitidine may be of specific benefit to those who, for clinical or religious reasons, are unable to receive blood transfusions, because patients treated with azacitidine required fewer blood transfusions than patients treated with best supportive care. However, the Committee noted that no representations had been made or evidence received about the pathway of care for that particular group of patients, or about the effectiveness of azacitidine in this patient population.

The Committee concluded that it would be inappropriate to make

recommendations for a subgroup of patients unable to receive blood transfusions without any evidence of azacitidine's cost effectiveness in that subgroup of patients.

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

As the preliminary recommendations do not recommend azacitidine as a treatment option within the NHS, there are not considered to be any barriers to access for any one specific group.

5. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 4, or otherwise fulfil NICE's obligations to promote equality?

No barriers to access were identified.

6. Have the Committee's considerations of equality issues been described in the appraisal consultation document, and, if so, where?

The Committee's considerations of equalities issues are described in section 4.25 of the appraisal consultation document.

Approved by Associate Director: Elisabeth George

Date: 29 October 2010

Final appraisal determination

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed these?

No issues were raised related to groups currently protected by the equalities.

legislation.

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to access for the specific group?

The recommendations in the final appraisal determination do not restrict access to azacitidine for any particular groups of patients.

3. If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to access identified in question 2, or otherwise fulfil NICE's obligations to promote equality?

No barriers to access have been identified, as the recommendations in the final appraisal determination do not restrict access to azacitidine for any particular groups of patients.

4. Have the Committee's considerations of equality issues been described in the final appraisal determination, and, if so, where?

The Committee's considerations of equality issues are described in section 4.25 of the final appraisal consultation.

Approved by Centre or Programme Director: Meindert Boysen

Date: 08 02 11